FACT SHEET INSTRUCTIONS

This is the foster care application fact sheet. It should be completed by families or individuals interested in becoming licensed for GENERAL FOSTER CARE, TREATMENT FOSTER CARE or RESPITE FOSTER CARE.

I am interested in: (check one)

☐ General Foster Care

☐ Treatment Foster Care

☐ Respite Foster Care

*IMPORTANT: This application is NOT for Adoption through Foster Care. If you are interested in Adoption through Foster Care, please call our office at 414-543-4376.

To turn in this application for General Foster Care, Treatment Foster Care, or Respite Foster Care, please scan and email this completed document to Laura Goba at LGoba@chw.org or mail to:

Children’s Wisconsin
Attn: Laura Goba
620 S. 76th Street, Suite 120
Milwaukee, WI 53214
Foster Care Fact Sheet

PLEASE ANSWER ALL QUESTIONS TRUTHFULLY AND COMPLETELY OR ENTER N/A IF THE QUESTION DOES NOT APPLY TO YOU. ANSWERS THAT ARE NOT TRUTHFUL ARE GROUNDS FOR DENIAL OF A FOSTER CARE LICENSE.

Section 1 – Applicant 1 Information

Name: ____________________________________________
Last   First    Middle         Maiden or Previous Married/Other Names

Primary Telephone # ___________________ Work # ___________________ Cellular # ___________________

Email Address: _________________________________ Race: __________ Languages Spoken ______________________

Address__________________________________ City__________________ County________________ State______ Zip___________

Gender: ___________ Birth date: _______________ Social Security Number: __________________________

Driver’s License Number: ___________________ State: __________

Employment/Education- Applicant 1

Current Employer: _______________ Job Title: _______________ Start Date: _______________

Address: ______________________ Phone: _______________ Supervisor: _______________

Work Hours/Schedule: ______________________ Were you ever in the military? ______________

High School: ______________________ Last Grade Completed: ______________

Did you receive a high school diploma? _______ Year Graduated ______________

Technical School/College/Post High School Ed: ______________________ Dates Attended: ______________

Degrees/Licenses/Certifications Obtained: ______________________

List ALL previous home addresses (including out of city, county or out of state) where you have lived in the past five years:

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>County</th>
<th>State</th>
<th>Zip</th>
<th>What Year? (i.e. 1900)</th>
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PLEASE WRITE ON AN ADDITIONAL SHEET IF MORE SPACE IS NEEDED

Applicant 2 Information

Name: ____________________________________________
Last   First    Middle         Maiden or Previous Married/Other Names

Primary Telephone # ___________________ Work # ___________________ Cellular # ___________________

Email Address: _________________________________ Race: __________ Languages Spoken ______________________

Address__________________________________ City__________________ County________________ State______ Zip___________

Gender: ___________ Birth date: _______________ Social Security Number: __________________________

Driver’s License Number: ___________________ State: __________
Employment/Education – Applicant 2

Current Employer: __________________________ Job Title: __________________________ Start Date: ________________
Address: __________________________ Phone: __________________________ Supervisor: __________________________
Work Hours/Schedule: __________________________ Were you ever in the military? __________________________
High School: __________________________ Last Grade Completed: __________________________
Did you receive a high school diploma? _______ Year Graduated ________________
Technical School/College/Post High School Ed: __________________________ Dates Attended: ________________
Degrees/Licenses/Certifications Obtained: __________________________

List ALL previous home addresses (including out of city, county or out of state) where you have lived in the past five years:

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PLEASE WRITE ON AN ADDITIONAL SHEET IF MORE SPACE IS NEEDED

Relationship Status

Relationship Status __________________________

Current Length of Relationship (if married or in domestic partnership): __________________________

Date of Marriage (if applicable): __________________________

Household Composition

Do You:  □ Rent  □ Own  Type of Residence:  □ Single-Family Home  □ Apartment  □ Duplex  □ Mobile Home

Do You Have Renter’s/Homeowner’s Insurance:  □ Yes  □ No  Do You Have Auto Insurance:  □ Yes  □ No

VERIFICATION OF HOMEOWNER’S OR RENTER’S AND VEHICLE LIABILITY INSURANCE COVERAGE REQUIRED UNDER s. DCF 56.04(4).

Number of Bedrooms: _______  Number of Bathrooms: _______  Firearms in Home:  □ Yes  □ No

SMOKE DETECTORS ARE REQUIRED ON EACH LEVEL OF THE HOME, IN EACH BEDROOM, AND IN ALL STAIRWELLS PER s. DCF 56.08(7)(a).

CARBON MONOXIDE DETECTORS ARE REQUIRED ON EVERY FLOOR LEVEL, NEAR SLEEPING AREAS PER s. DCF 56.08(9m).

List Pets in Home: ______________________________________________________________________________-

Health – Applicant 1 and 2

A recent physical examination will be required before being licensed
List all of your biological and adopted children living inside and outside of your home. List all others living in the home.

<table>
<thead>
<tr>
<th>Name</th>
<th>Gender</th>
<th>Age</th>
<th>D.O.B.</th>
<th>Social Security Number</th>
<th>Address (If living outside of the home)</th>
<th>Lives IN Home or OUT of Home</th>
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**Finances**

ALL FOSTER PARENTS MUST BE FINANCIALLY STABLE AND ABLE TO SUPPORT THEMSELVES AND THEIR FAMILIES WITHOUT RELYING ON KINSHIP, ADOPTION OR FOSTER CARE PAYMENTS. PLEASE LIST ALL OF YOUR MONTHLY INCOME AND HOUSEHOLD EXPENSES. VERIFICATIONS SUCH AS CHECK STUBS AND/OR TAX RETURNS AND CURRENT BILLS ARE REQUIRED.

<table>
<thead>
<tr>
<th>Monthly Income</th>
<th>Monthly Expenses</th>
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<tbody>
<tr>
<td><strong>Applicant 1</strong> Net Wages: ____________________</td>
<td>Rent/Mortgage ___________________</td>
</tr>
<tr>
<td><strong>Applicant 2</strong> Net Wages: ____________________</td>
<td>Property Taxes _____________________</td>
</tr>
<tr>
<td>List income source and amount from any “additional” income below: (i.e., child support, pension/retirement, W-2, SSI, property rental, interest income)</td>
<td>Utilities:</td>
</tr>
<tr>
<td><strong>Applicant 1</strong> Source and Amount ____________________</td>
<td>Gas/Electric ___________________</td>
</tr>
<tr>
<td><strong>Applicant 2</strong> Source and Amount ____________________</td>
<td>Telephone/Cell ___________________</td>
</tr>
<tr>
<td>Source and Amount ____________________</td>
<td>Water/Sewer ___________________</td>
</tr>
<tr>
<td><strong>Applicant 1</strong> Source and Amount ____________________</td>
<td>Cable ___________________</td>
</tr>
<tr>
<td><strong>Applicant 2</strong> Source and Amount ____________________</td>
<td>Internet ___________________</td>
</tr>
<tr>
<td>Source and Amount ____________________</td>
<td>Car Payment ___________________</td>
</tr>
<tr>
<td><strong>Applicant 1</strong> Source and Amount ____________________</td>
<td>Transportation Costs ___________________</td>
</tr>
<tr>
<td><strong>Applicant 2</strong> Source and Amount ____________________</td>
<td>Insurance</td>
</tr>
<tr>
<td>Source and Amount ____________________</td>
<td>Home/Rental ___________________</td>
</tr>
<tr>
<td><strong>Applicant 1</strong> Source and Amount ____________________</td>
<td>Auto ___________________</td>
</tr>
<tr>
<td><strong>Applicant 2</strong> Source and Amount ____________________</td>
<td></td>
</tr>
<tr>
<td><strong>Total Monthly Income</strong></td>
<td><strong>Total Monthly Expenses</strong></td>
</tr>
<tr>
<td>$ ____________________</td>
<td>$ ____________________</td>
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</tbody>
</table>

Do you have any outstanding debts, loans or liabilities that are not listed above in your monthly expenses?  □ Yes  □ No  If yes please list__________________________________________________________

Have you ever filed for bankruptcy?  □ Yes  □ No  If yes, when__________________________________________________________

Have you ever had an eviction or foreclosure?  □ Yes  □ No  If yes, when__________________________________________________________
**Foster Care Questions**

**Why are you interested in becoming a foster family?**

_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________

**What is the age range of children would you consider fostering?**

_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________

**How did you hear about the need for foster homes?**

- [ ] CW Website
- [ ] Kid Hero Blog
- [ ] Community Event
- [ ] Community Sign
- [ ] CW Employee
- [ ] Facebook
- [ ] Family and Friends
- [ ] Google Search

- [ ] Online Ad
- [ ] Social Media
- [ ] Radio
- [ ] TV
- [ ] Newspaper
- [ ] Foster Parent Referral: ____________________
- [ ] Other: ____________________

**Additional Information**

*PLEASE BE AWARE THAT MARKING “YES” TO ANY OF THESE QUESTIONS WILL NOT AUTOMATICALLY EXCLUDE YOU FROM BEING LICENSED. YOUR LICENSING SPECIALIST WILL DISCUSS THESE ITEMS WITH YOU DURING YOUR INITIAL MEETING. PLEASE LIST ANY ADDITIONAL INFORMATION ON A SEPARATE SHEET OF PAPER.*

**Have you or any members of your household ever applied for/been licensed as a foster parent before?**  
☐ Yes  ☐ No

If yes, what year? ___________ Under what name? ______________________ For which agency? ______________________

Was your foster home license ever revoked or denied? ☐ Yes  ☐ No          If yes, for what reason? (list below)

_____________________________________________________________________________________________________________

**Have you or any members of your household ever been licensed or certified as any other type of caregiver for children before?**  
☐ Yes  ☐ No

If yes, what year? ___________ Under what name? ______________________ For which agency? ______________________

Was your caregiver license/certification ever revoked or denied? ☐ Yes  ☐ No          If yes, for what reason (list below)?

_____________________________________________________________________________________________________________

**Have you or any members of your household ever abused drugs or alcohol?**  
☐ Yes  ☐ No

If yes, who? ______________________ When? ___________ Received any treatment? _______ Where? ______________________

What is your current status?  ________________________________________________________________
Have you or any members of your household ever had any treatment for mental health issues? □ Yes □ No
If yes, who? ____________________________ When? _____________________ Where? ____________________________
What is your current status? ____________________________________________

Have you or any members of your household ever had contact with a Social Worker (in or out of your home) for a child abuse or neglect investigation? □ Yes □ No
If yes, who? ____________________________ For which child(ren)? ____________________________
What year? ____________________________ Briefly explain why? ____________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Have you or any members of your household ever been arrested? □ Yes □ No
If yes, was the arrest charge: □ State or □ Federal
If yes, who? ____________________________
Offense ____________________________ Date of arrest ____________________ Convicted? □ Yes □ No

Are/Have you or any member of your household been on probation/parole? □ Yes □ No
If yes, □ State or □ Federal
If yes, who? ____________________________ For what? ____________________________
What is the name and phone number of your agent? ____________________________________________
Please provide three non-relative references (If applying for TFC or Respite, at least one must be a professional reference) and two relative references (including at least one adult child- if applicable), who can speak on behalf of Applicant 1 and 2.

1. **Non-Relative 1:**
   - Name: _______________________________________________________________________________________
   - Relationship to applicant(s): _________________________________________________________________________
   - Mailing address: _______________________________________________________________________________________
     - Street   City   State   Zip
   - Email address: ___________________________ Phone: _______________________ Length of time known: ________

2. **Non-Relative 2:**
   - Name: _______________________________________________________________________________________
   - Relationship to applicant(s): _________________________________________________________________________
   - Mailing address: _______________________________________________________________________________________
     - Street   City   State   Zip
   - Email address: ___________________________ Phone: _______________________ Length of time known: ________

3. **Non-Relative 3:**
   - Name: _______________________________________________________________________________________
   - Relationship to applicant(s): _________________________________________________________________________
   - Mailing address: _______________________________________________________________________________________
     - Street   City   State   Zip
   - Email address: ___________________________ Phone: _______________________ Length of time known: ________

4. **Relative:**
   - Name: _______________________________________________________________________________________
   - Role with applicant(s): _______________________________________________________________________________
   - Mailing address: _______________________________________________________________________________________
     - Street   City   State   Zip
   - Email address: ___________________________ Phone: _______________________ Length of time known: ________

5. **Relative:**
   - Name: _______________________________________________________________________________________
   - Relationship to applicant(s): _________________________________________________________________________
   - Mailing address: _______________________________________________________________________________________
     - Street   City   State   Zip
   - Email address: ___________________________ Phone: _______________________ Length of time known: ________
AUTHORIZATION AND CONSENT TO RELEASE RECORDS

I understand that, to ensure the safety of foster children, Children's Wisconsin may, for the purpose of licensing, obtain the following information:

1. Police and/or Other Criminal Records Checks for all household members ten years and older
   DCF 56.05(1)(f)(2)(a)
2. Traffic Transcripts
   DCF 56.05(1)(f)(2)(a)
3. Employment Verification References
   DCF 56.05(2)
4. Character References
   DCF 56.04(4)(a)(2)
5. Service Report from the County Department of Social or Human Services
   DCF 56.05((1)(f)(2)(c)
6. Previous licensing information from the Division of Milwaukee Child Protective Services, any public or private child welfare agency, any public or private child placing agency, any daycare licensing or group home licensing agency, if applicable.

My signature below:

Grants Children's Wisconsin permission to obtain specified information for the purpose of Foster Home Licensing;

Signifies my understanding that falsifying any of the information on this form may be grounds for revocation of my Foster Home License, should a license be issued.

Signature of Applicant 1       Date

Signature of Applicant 2       Date

Signature of Other Adult in Household       Relationship to Applicant       Date

Signature of Other Adult in Household       Relationship to Applicant       Date

FOR USE ONLY IF APPLICANT CANNOT FILL OUT FORM

The foster home applicant is unable to fill out this form. I have reviewed all the items on the form with the applicant, and have marked the information as stated by the applicant. I have not altered anything.

Signature       Date

Relationship to Applicant:

This consent expires in 2 years and I may revoke it in writing at any time. By signing this statement, I hereby release Children's Wisconsin, any law enforcement agency, child protective service agency or third party organization from liability of any kind regarding damages that may result from furnishing my records. I understand that the information released to the agency cannot be passed on to any other agency/individual without my authorization.

I authorize copies of this release form to be sent via fax/mail to the applicable agencies and for the background check results to be returned to the address or fax number listed above.
<table>
<thead>
<tr>
<th>QUESTIONS</th>
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<tr>
<td>1. How will you help support the reunification process between the foster child placed in your home and his/her family?</td>
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| 2. How will you ensure that a child placed with you, who is of a different race than you, will have his/her cultural needs met?               |
|________________________________________________________________________________________________________________________________     |
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| 3. How will you prepare yourself and your family to cope when a child who you have been fostering is returned to their birth family?          |
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| 4. What comfort level do you have in working directly with the foster child’s birth parents or extended family?                             |
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